



## Institute Nomination

I nominate \_\_\_\_\_ to participate in

☐ **The Management Institute – Session #**\_\_\_\_, \_\_\_\_\_ **through** \_\_\_\_\_  
(Please see Management Institute schedules on back for the dates.) or:

☐ **The Leadership Institute – Session #**\_\_\_\_, \_\_\_\_\_ **through** \_\_\_\_\_  
(Please see Leadership Institute schedules on back for the dates.) or:

☐ **The Senior Scientist Institute – June 11-15, 2000**

**In making this nomination, I understand the recharge basis and agree to**

- Support this nominee in his or her efforts to put into practice what is learned, and
- Link these efforts to our Performance Management System.

**In accepting this nomination, I agree to**

- Attend and participate in at least 90% of the scheduled sessions,
- Incorporate at least one significant learning element into my professional or personal development plan,
- Attend at least one review session approximately three months after the institute to discuss with others our experience in applying “lessons learned.”

\_\_\_\_\_  
**Sponsor’s Signature**

\_\_\_\_\_  
**Participant’s Signature**

Date \_\_\_\_\_

### Nomination

- Any manager, group leader and above, may nominate a person to participate.
- Any person who supervises the work of others may seek nomination from his or her manager.

### Eligibility

- An individual who has a documented history of exceptional performance,
- A person who has demonstrated a sincere desire to develop his or her leadership skills, and
- Someone whose participation in an institute will benefit the laboratory.

**- Please complete both sides and mail or fax this nomination as shown below. -**

**Human Resources Division · HR-6 Training & Development**  
MS M589 Los Alamos, New Mexico 87545 (505) 667-5247, FAX 667-8625

## Nominee Profile

Name: \_\_\_\_\_ Z #: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Division: \_\_\_\_\_ Group: \_\_\_\_\_ Mailstop: \_\_\_\_\_

Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current Job Title & Responsibilities: \_\_\_\_\_

How long in your current position? \_\_\_\_\_

### For recharge:

Cost Center: \_\_\_\_\_ Program Code: \_\_\_\_\_ Cost Account: \_\_\_\_\_

\* \* \* \* \*

Thanks for your enrollment.

Confirmation will be sent to you with specific locations, times, etc.

If you have any questions before your institute begins,  
please call us at 667-5247, fax to 667-8625, or e-mail to [leadership@lanl.gov](mailto:leadership@lanl.gov).

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### 2000 Schedule

#### Management Institute

**#5 – Scheduled for September, 2000**

#### Senior Scientist Institute

**June 11-15, 2000** (in residence, full-time)

#### Leadership Institute

**#6 May 8-12, 2000** (in residence, full time)

**#7 Sept 17-22, 2000** (in residence, full time)

**#8 Dec 3-8, 2000** (in residence, full time)